

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**09/331,805**  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		①				
6		①				
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12		①				
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15		①				
16		①				
17		①				
18	1					
19	1					
20			1			
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31				10		
32				10		
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41					1	
42					1	
43					1	
44					1	
45					9	
46					9	
47					1	
48					1	
49						
50						
TOTAL IND.	3		3		3	
TOTAL DEP.	19		20		27	
TOTAL CLAIMS	22		33		30	

	IND.		DEP.		IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS												